

EXTENDED TO NOVEMBER 15, 2018

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2017**

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
INTERSTATE NATURAL GAS ASSN OF AMERICA
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
20 F STREET, NW 450
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20001
F Name and address of principal officer: **DONALD F. SANTA, JR.**
20 F STREET, N.W., WASHINGTON, DC 20001

D Employer identification number
73-0529079

E Telephone number
202-216-5900

G Gross receipts \$ **11,074,555.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No
 If "No," attach a list. (see instructions)

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(6) (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.INGAA.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation: **1944** **M** State of legal domicile: **DC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **INGAA IS AN ADVOCACY ORGANIZATION THAT REPRESENTS THE INTERSTATE NATURAL GAS PIPELINE**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **27**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **27**

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) **5** **26**

6 Total number of volunteers (estimate if necessary) **6** **673**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0.	0.
9 Program service revenue (Part VIII, line 2g)	7,781,208.	7,956,156.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	338,369.	468,732.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,119,577.	8,424,888.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,206,955.	4,301,623.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,900,263.	3,224,636.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,107,218.	7,526,259.
19 Revenue less expenses. Subtract line 18 from line 12	12,359.	898,629.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	11,594,611.	14,336,889.
21 Total liabilities (Part X, line 26)	5,859,111.	5,985,276.
22 Net assets or fund balances. Subtract line 21 from line 20	5,735,500.	8,351,613.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer **DONALD F. SANTA, JR., PRESIDENT & CEO** Date

Paid Preparer Use Only
 Print/Type preparer's name **NANCY JOHNSON** Preparer's signature *Nancy Johnson* Date **10/24/18** Check ☐ if self-employed PTIN **P01593478**
 Firm's name **UHY ADVISORS MID-ATLANTIC MD, INC.** Firm's EIN **26-0794367**
 Firm's address **8601 ROBERT FULTON DRIVE, SUITE 210 COLUMBIA, MD 21046** Phone no. **(410) 720-5220**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

INTERSTATE NATURAL GAS ASSN
OF AMERICA

Form 990 (2017)

73-0529079 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

- 1 Briefly describe the organization's mission:

INGAA IS AN ADVOCACY ORGANIZATION THAT REPRESENTS THE INTERSTATE NATURAL GAS PIPELINE INDUSTRY IN THE UNITED STATES. INGAA REPRESENTS THE INTERESTS OF ITS MEMBERS THROUGH TESTIMONY FILED WITH COMMITTEES OF THE UNITED STATES CONGRESS, COMMENTS ON RULEMAKINGS AND OTHER

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$) including grants of \$ (Revenue \$)
OPERATIONS, SAFETY, SECURITY AND ENVIRONMENT (OS&E) THE PRINCIPAL PIPELINE SAFETY UNDERTAKING IN 2017 WAS PREPARATION OF COMMENTS REGARDING A PROPOSED U.S. DEPARTMENT OF TRANSPORTATION RULEMAKING TO IMPLEMENT THE MANDATES OF THE 2011 REAUTHORIZATION OF THE PIPELINE SAFETY ACT. INGAA ALSO PREPARED COMMENTS REGARDING THE U.S. DEPARTMENT OF TRANSPORTATION'S SAFETY OF UNDERGROUND NATURAL GAS STORAGE FACILITIES RULEMAKING TO IMPLEMENT PROVISIONS OF THE 2016 REAUTHORIZATION LAW. INGAA PARTICIPATED IN VARIOUS FORUMS TO INFORM THE DEVELOPMENT OF THESE RULEMAKINGS. INGAA CONTINUED TO FOCUS ON ASSISTING ITS MEMBER COMPANIES WITH IMPLEMENTATION OF VOLUNTARY SAFETY COMMITMENTS TO ACHIEVE THE GOAL OF ZERO PIPELINE SAFETY INCIDENTS ESTABLISHED BY INGAA'S BOARD OF

4b (Code:) (Expenses \$) including grants of \$ (Revenue \$)
REGULATORY INGAA WORKED EXTENSIVELY WITH MEMBERS TO RESPOND TO THE FEDERAL ENERGY REGULATORY COMMISSION'S (FERC) NOTICE OF INQUIRY REGARDING ITS POLICY FOR RECOVERY OF INCOME TAX COSTS FOR MASTER LIMITED PARTNERSHIPS AFTER THE DC CIRCUIT COURT OF APPEAL'S REMAND OF UNITED AIRLINES V. FERC.

NATURAL GAS-ELECTRIC POWER RELIABILITY REMAINED A PRINCIPAL FOCUS OF INGAA'S ACTIVITIES BEFORE FERC IN 2017. INGAA WORKED WITH MEMBERS TO COMMENT ON THE DEPARTMENT OF ENERGY'S GRID RELIABILITY AND RESILIENCE PRICING NOTICE OF PROPOSED RULEMAKING. INGAA ALSO JOINED A BROAD COALITION OF ENERGY AND RENEWABLE GROUPS TO COMMENT JOINTLY. INGAA CONTINUES TO BE A LEADING NATURAL GAS INDUSTRY VOICE ON THIS MATTER AND

4c (Code:) (Expenses \$) including grants of \$ (Revenue \$)
LEGISLATIVE - INGAA SUPPORTS LEGISLATIVE POLICIES THAT PROMOTE THE DEVELOPMENT OF NATURAL GAS INFRASTRUCTURE, AND THE SAFE, EFFICIENT OPERATION OF NATURAL GAS PIPELINES. INGAA PROMOTED IMPROVEMENTS TO THE PERMITTING PROCESS FOR NATURAL GAS PIPELINES.

- 4d Other program services (Describe in Schedule O.)

(Expenses \$) including grants of \$ (Revenue \$)

- 4e Total program service expenses

Form 990 (2017)

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X

Form **990** (2017)

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079

Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2017)

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☒ **X**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	32	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	26	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2017)

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	27													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		27												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2							X				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4										X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
6 Did the organization have members or stockholders?				6			X							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				7a			X							
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				7b			X							
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?				8a			X							
b Each committee with authority to act on behalf of the governing body?				8b			X							
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9										X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a													X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X										
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				12a			X							
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				12b			X							
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				12c			X							
13 Did the organization have a written whistleblower policy?				13			X							
14 Did the organization have a written document retention and destruction policy?				14			X							
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official				15a			X							
b Other officers or key employees of the organization				15b			X							
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?				16a										X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?				16b										

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **DC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **IRYNA BAUKUNOVICH - CONTROLLER - 202-216-5954**
20 F STREET NW, SUITE 450, WASHINGTON, DC 20001

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALBERT GIRGIS BOARD MEMBER	1.50	X						0.	0.	0.
(2) RYAN O'NEAL BOARD MEMBER	1.50	X						0.	0.	0.
(3) VICTOR GAGLIO BOARD MEMBER	1.50	X						0.	0.	0.
(4) DAVID HAAG BOARD MEMBER	1.50	X						0.	0.	0.
(5) JEREMIAH J. ASHCROFT III BOARD MEMBER	1.50	X						0.	0.	0.
(6) PETER TUMMINELLO BOARD MEMBER	1.50	X						0.	0.	0.
(7) NORMAN HOLMES BOARD MEMBER	1.50	X						0.	0.	0.
(8) FRANK PERAZZI 2ND VICE CHAIR	2.00	X		X				0.	0.	0.
(9) JEFF RUST BOARD MEMBER	1.50	X						0.	0.	0.
(10) JOSEPH P. OATES BOARD MEMBER	1.50	X						0.	0.	0.
(11) RON TANSKI BOARD MEMBER	1.50	X						0.	0.	0.
(12) DIANE LEOPOLD CHAIR (OCT '16-OCT '17)	2.00	X		X				0.	0.	0.
(13) JEFFREY BRUNER 1ST VICE CHAIR/CHAIR (OCT'17-OCT'18)	2.00	X		X				0.	0.	0.
(14) MIKE MCMAHON BOARD MEMBER	1.50	X		X				0.	0.	0.
(15) DAVID SLATER BOARD MEMBER	1.50 0.10	X						0.	0.	0.
(16) JOHN J. FLYNN BOARD MEMBER	1.50	X						0.	0.	0.
(17) TERRANCE E. KUTRYK BOARD MEMBER	1.50	X						0.	0.	0.

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JIMMY STATON BOARD MEMBER	1.50	X						0.	0.	0.
(19) PHILL MAY BOARD MEMBER	1.50 0.10	X						0.	0.	0.
(20) JESUS SOTO BOARD MEMBER	1.50 0.10	X						0.	0.	0.
(21) WILLIAM YARDLEY BOARD MEMBER	1.50	X						0.	0.	0.
(22) TJ TUSCAI BOARD MEMBER	1.50	X						0.	0.	0.
(23) CHRISTOPHER DITZEL BOARD MEMBER	1.50	X						0.	0.	0.
(24) GEORGIA CARTER BOARD MEMBER	1.50	X						0.	0.	0.
(25) JOSEPH HARTZ BOARD MEMBER	1.50	X						0.	0.	0.
(26) STAN CHAPMAN BOARD MEMBER	1.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,190,808.	417,671.	845,837.
d Total (add lines 1b and 1c)								3,190,808.	417,671.	845,837.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PROCESS PERFORMANCE 135 CALLE CATALINA PLACE, HOUSTON, TX 77007	PROCESS PERFORMANCE MANAGEMENT	431,992.
LINCOLN POLICY GROUP, 1110 VERMONT AVE NW, STE 1000, WASHINGTON, DC 20005	LEGISLATIVE/LOBBYING CONSULT.	260,000.
CROWELL & MORING LLP PO BOX 75509, BALTIMORE, MD 21275	CYBER SECURITY FOR OS&E	246,542.
BRACEWELL & GIULIANI LLP P.O. BOX 848566, DALLAS, TX 75284	PUBLIC RELATIONSHIP SERVICES	204,109.
ICEMILLER STRATEGIES, LLC 27230 NETWORK PLACE, CHICAGO, IL 60673	STRATEGIC SERVICES	120,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

73-0529079

Form 990

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHAD ZAMARIN BOARD MEMBER	1.50	X						0.	0.	0.
(28) CHRISTOPHER OSMAN DIR. OF OPERATIONS, SAFETY AND INTEG	36.50 0.00			X				147,675.	0.	12,160.
(29) SANDRA SNYDER REGULATORY ATTORNEY FOR ENVIRONMENT	36.50 0.00			X				160,799.	0.	16,692.
(30) DONALD F. SANTA, JR PRESIDENT & CEO	30.25 6.00			X				1,478,142.	0.	356,681.
(31) TERRY BOSS SR. VICE PRESIDENT	29.00 0.00				X			448,443.	0.	117,864.
(32) MARTIN EDWARDS III VP LEGISLATIVE AFFAIRS	25.25 0.00				X			289,134.	0.	92,657.
(33) JOAN DRESKIN-JACKSON VP/GENERAL COUNSEL/SECRETA	25.25 0.00				X			383,006.	0.	112,159.
(34) RICHARD HOFFMANN E.D. & PDN TREASURER	7.25 29.00				X			37,065.	303,348.	76,240.
(35) CATHY LANDRY COMMUNICATIONS DIRECTOR/SE	18.00 18.00				X			114,323.	114,323.	54,464.
(36) MARVEL COLLIET MANAGER, OFFICE, IT	36.25 0.00					X		132,221.	0.	6,920.
Total to Part VII, Section A, line 1c								3,190,808.	417,671.	845,837.

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079 Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a MEMBERSHIP DUES		900099	7,812,848.	7,812,848.		
	b PROJECT REVENUE		900099	143,308.	143,308.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			7,956,156.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			252,606.			252,606.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			216,126.			216,126.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			8,424,888.	7,956,156.	0.	468,732.	

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

73-0529079 Page 10

Form 990 (2017)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,938,433.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	942,535.			
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)	208,388.			
9 Other employee benefits	63,391.			
10 Payroll taxes	148,876.			
11 Fees for services (non-employees):				
a Management	13,669.			
b Legal	22,700.			
c Accounting	572,314.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	113,759.			
12 Advertising and promotion	97,559.			
13 Office expenses	17,932.			
14 Information technology				
15 Royalties				
16 Occupancy	289,979.			
17 Travel	97,284.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	189,391.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	115,886.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH & PROGRAMS	1,471,796.			
b PUBLIC RELATIONS	117,563.			
c PUBS/SUBSCRIPTIONS	45,039.			
d TEMPORARY SUPPORT SERVI	32,268.			
e All other expenses	27,497.			
25 Total functional expenses. Add lines 1 through 24e	7,526,259.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079 Page 11

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	126,860.	1	2,566,235.
	2 Savings and temporary cash investments	715,977.	2	96,678.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	181,611.	4	200,038.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	115,852.	9	119,860.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,755,644.		
	b Less: accumulated depreciation	1,280,451.		
		554,600.	10c	475,193.
	11 Investments - publicly traded securities	9,880,742.	11	10,859,916.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	18,969.	15	18,969.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,594,611.	16	14,336,889.	
Liabilities	17 Accounts payable and accrued expenses	361,318.	17	459,900.
	18 Grants payable		18	
	19 Deferred revenue	310,881.	19	1,590,085.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,186,912.	25	3,935,291.
	26 Total liabilities. Add lines 17 through 25	5,859,111.	26	5,985,276.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,735,500.	27	8,351,613.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,735,500.	33	8,351,613.
	34 Total liabilities and net assets/fund balances	11,594,611.	34	14,336,889.

Form 990 (2017)

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Form 990 (2017)

73-0529079 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,424,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,526,259.
3	Revenue less expenses. Subtract line 2 from line 1	3	898,629.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,735,500.
5	Net unrealized gains (losses) on investments	5	454,602.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,262,882.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,351,613.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2017)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **INTERSTATE NATURAL GAS ASSN
OF AMERICA** Employer identification number
73-0529079

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

INTERSTATE NATURAL GAS ASSN

Schedule C (Form 990 or 990-EZ) 2017 **OF AMERICA**

73-0529079 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

INTERSTATE NATURAL GAS ASSN

Schedule C (Form 990 or 990-EZ) 2017 **OF AMERICA**

73-0529079 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	7,812,848.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	1,129,316.
b Carryover from last year	2b	
c Total	2c	1,129,316.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	781,285.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	348,031.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **INTERSTATE NATURAL GAS ASSN OF AMERICA**

Employer identification number
73-0529079

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- a ☐ Public exhibition

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- Part IV** **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► %

- | | | |
|----------|------------------------------|----------|
| b | Permanent endowment ▶ | % |
|----------|------------------------------|----------|

- c Temporarily restricted endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (ii) unrelated organizations

- (ii) related organizations

- b.** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI	Land, Buildings, and Equipment.
----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a; Form 990-E, Part IV, line 12a; or Form 990-B, Part IV, line 12a.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,083,543.	747,536.	336,007.
d Equipment		672,101.	532,915.	139,186.
e Other				475,193.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		475,193.
---	--	----------

Schedule D (Form 990) 2017

INTERSTATE NATURAL GAS ASSN

Schedule D (Form 990) 2017

OF AMERICA

73-0529079 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RETIREMENT LIABILITIES	3,516,405.
(3) DEFERRED RENT LIABILITY	418,886.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,935,291.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2017

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Schedule D (Form 990) 2017

73-0529079 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,924,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	454,602.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	45,427.
e	Add lines 2a through 2d	2e	500,029.
3	Subtract line 2e from line 1	3	8,424,888.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,424,888.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,565,024.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	38,765.
e	Add lines 2a through 2d	2e	38,765.
3	Subtract line 2e from line 1	3	7,526,259.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,526,259.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INCOME TAX POSITIONS TAKEN BY THE ASSOCIATION FOR ANY YEARS OPEN UNDER THE VARIOUS STATUTES OF LIMITATION ARE THAT THE ASSOCIATION CONTINUES TO BE EXEMPT FROM INCOME TAXES AND THAT THE ASSOCIATION HAS PROPERLY REPORTED UNRELATED BUSINESS INCOME THAT IS SUBJECT TO INCOME TAXES. THE ASSOCIATION BELIEVES THAT THERE ARE NO TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD SIGNIFICANTLY INCREASE UNRECOGNIZED TAX BENEFITS WITHIN 12 MONTHS OF THE REPORTING DATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PAC REVENUE 45,427.

INTERSTATE NATURAL GAS ASSN
OF AMERICA

Schedule D (Form 990) 2017

73-0529079 Page 5

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PAC EXPENSES 38,765.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

INTERSTATE NATURAL GAS ASSN
OF AMERICA

Employer identification number

73-0529079

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Schedule J (Form 990) 2017

73-0529079

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER OSMAN DIR. OF OPERATIONS, SAFETY AND INTEG	(i)	125,775.	18,400.	3,500.	4,000.	8,160.	159,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SANDRA SNYDER REGULATORY ATTORNEY FOR ENVIRONMENT	(i)	140,288.	16,615.	3,896.	5,793.	10,899.	177,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DONALD F. SANTA, JR PRESIDENT & CEO	(i)	744,547.	718,927.	14,668.	316,200.	40,481.	1,834,823.	300,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TERRY BOSS SR. VICE PRESIDENT	(i)	265,192.	169,558.	13,693.	84,024.	33,840.	566,307.	65,558.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARTIN EDWARDS III VP LEGISLATIVE AFFAIRS	(i)	167,573.	120,794.	767.	56,358.	36,299.	381,791.	40,794.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOAN DRESKIN-JACKSON VP/GENERAL COUNSEL/SECRETA	(i)	209,922.	161,103.	11,981.	69,889.	42,270.	495,165.	51,103.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RICHARD HOFFMANN E.D. & FDN TREASURER	(i)	32,163.	0.	4,902.	0.	2,548.	39,613.	0.
	(ii)	128,651.	155,088.	19,609.	63,498.	10,194.	377,040.	45,020.
(8) CATHY LANDRY COMMUNICATIONS DIRECTOR/SE	(i)	72,853.	41,470.	0.	22,294.	4,938.	141,555.	14,826.
	(ii)	72,853.	41,470.	0.	22,294.	4,938.	141,555.	14,826.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

DONALD SANTA HAS AN AGREEMENT WITH INGAA FOR AN EARLY RETIREMENT BENEFIT.

AMOUNTS ARE INCLUDED IN PART II OF SCHEDULE J.

DONALD SANTA, TERRY BOSS, MARTIN EDWARDS, III, JOAN DRESKIN JACKSON, CATHY

LANDRY AND RICHARD HOFFMANN PARTICIPATED IN A DEFERRED INCENTIVE

COMPENSATION PLAN, AMOUNTS ARE INCLUDED IN PART II, COLUMN "C" OF SCHEDULE

J.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

INTERSTATE NATURAL GAS ASSN
OF AMERICA

Employer identification number
73-0529079

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDUSTRY IN THE UNITED STATES. INGAA REPRESENTS THE INTERESTS OF ITS
MEMBERS THROUGH TESTIMONY FILED WITH COMMITTEES OF THE UNITED STATES
CONGRESS, COMMENTS ON RULEMAKINGS AND OTHER REGULATORY INITIATIVES
UNDERTAKEN BY FEDERAL AGENCIES WITH JURISDICTION OVER ITS MEMBER
COMPANIES' ACTIVITIES OR WHOSE ACTIONS OTHERWISE AFFECT ITS MEMBER
COMPANIES, AND ON OCCASION THROUGH PARTICIPATION IN FEDERAL AND STATE
JUDICIAL PROCEEDINGS IN WHICH ITS MEMBERS' COLLECTIVE INTERESTS ARE AT
STAKE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REGULATORY INITIATIVES UNDERTAKEN BY FEDERAL AGENCIES WITH JURISDICTION
OVER ITS MEMBER COMPANIES' ACTIVITIES OR WHOSE ACTIONS OTHERWISE AFFECT
ITS MEMBER COMPANIES, AND ON OCCASION THROUGH PARTICIPATION IN FEDERAL
AND STATE JUDICIAL PROCEEDINGS IN WHICH ITS MEMBERS' COLLECTIVE
INTERESTS ARE AT STAKE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DIRECTORS. INGAA ASSISTED MEMBERS IMPLEMENTING SAFETY MANAGEMENT
SYSTEMS, WHICH PROVIDE ANOTHER TOOL FOR IMPROVING SAFETY PERFORMANCE.
INGAA REPRESENTED ITS MEMBERS IN A VARIETY OF GOVERNMENTAL AND
NON-GOVERNMENTAL FORUMS AND SIMULATIONS ADDRESSING CYBERSECURITY AND
PHYSICAL SECURITY FOR CRITICAL INFRASTRUCTURE, INCLUDING NATURAL GAS
TRANSMISSION PIPELINES. MEMBER COMPANIES JOINED THE DOWNSTREAM NATURAL
GAS INFORMATION SHARING AND ANALYSIS CENTER THROUGH INGAA AND ARE
TESTING AN AUTOMATED CYBER INFORMATION SHARING SYSTEM.

Name of the organization **INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Employer identification number
73-0529079

WITH THE CHANGE IN ADMINISTRATION IN 2017, INGAA DEDICATED RESOURCES TO RESPONDING TO REQUESTS FOR FEEDBACK REGARDING REGULATORY REFORM OF ENVIRONMENTAL REGULATIONS AND POLICIES AT VARIOUS FEDERAL AGENCIES. IN ADDITION, INGAA REMAINS FOCUSED ON A 2016 FINAL RULE ISSUED BY EPA THAT ESTABLISHED NEW SOURCE PERFORMANCE STANDARDS FOR METHANE EMISSIONS FROM NEW AND MODIFIED FACILITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPATES IN FORUMS, INCLUDING REGULAR CONSULTATIONS WITH ELECTRIC TRANSMISSION OPERATORS, FERC, AND COLLABORATION WITH OTHER NATURAL GAS GROUPS, IN WHICH GAS-ELECTRIC RELIABILITY TOPICS WERE ADDRESSED.

INGAA MONITORED DEVELOPMENTS AND REPRESENTED ITS MEMBERS IN MISCELLANEOUS FERC ADMINISTRATIVE PROCEEDINGS ON MATTERS THAT AFFECTED THE MEMBERS' INTERESTS. THE ASSOCIATION MAINTAINED A LIAISON WITH FERC STAFF ON MATTERS SUCH AS ACCOUNTING POLICY AND COMPLIANCE AND SPONSORED FORUMS FOR ITS MEMBERS ON THESE TOPICS.

FORM 990, PART VI, SECTION A, LINE 2:

THROUGH NORMAL COURSE OF BUSINESS, ONEOK AND COMPANIES REPRESENTED ON THE INGAA BOARD ARE INVOLVED IN VARIOUS BUSINESS ACTIVITIES SUCH AS SERVICE CONTRACTS, JOINT VENTURES, ETC.:

PHILL MAY (ONEOK, INC.) ENABLE MIDSTREAM, NEXTERA ENERGY RESOURCES, PIEDMONT NATURAL GAS, SOUTHERN COMPANY GAS, TRANSCANADA, THE WILLIAMS COMPANIES, INC.

FORM 990, PART VI, SECTION A, LINE 6:

NATURAL GAS PIPELINE COMPANIES (SHALL INCLUDE ANY PERSON, FIRM OR

Name of the organization **INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Employer identification number
73-0529079

CORPORATION ENGAGED IN THE PIPELINE TRANSPORTATION OF NATURAL GAS IN NORTH
AMERICA WHOSE ACTIVITIES AND INTERESTS ARE DEEMED BY THE BOARD OF DIRECTORS
TO BE CONSISTENT WITH THE OBJECTIVES OF THE ASSOCIATION), SHALL BE ELIGIBLE
FOR MEMBERSHIP WITH THE RIGHT TO VOTE AT MEETINGS OF THE MEMBERS, THROUGH
THEIR ACCREDITED REPRESENTATIVES.

FORM 990, PART VI, SECTION A, LINE 7A:

ACCORDING TO ARTICLE IV, SECTION 3 OF THE BYLAWS OF INGAA, EACH MEMBER OF
THE ASSOCIATION IN GOOD STANDING AND ELIGIBLE TO VOTE SHALL BE ENTITLED TO
ONE (1) VOTE ON ALL MATTERS PROPERLY BEFORE THE MEETING OF THE MEMBERS. THE
VOTE OF ANY MEMBER OF THE ASSOCIATION MAY BE CAST BY ITS REPRESENTATIVE OR
PROXY. ANY SUCH PROXY MUST BE FURNISHED IN WRITING. ANY PROXY MAY BE
REVOKED AND WITHDRAWN AT ANY TIME BY THE MEMBER WHO CONFERRED SUCH PROXY BY
SO NOTIFYING, IN WRITING, THE PRESIDENT AND THE PERSON TO WHOM THE PROXY
WAS ORIGINALLY GIVEN. NO PERSON OTHER THAN A DULY QUALIFIED MEMBER ENTITLED
TO VOTE AND IN GOOD STANDING OR A PERSON PROPERLY AUTHORIZED TO REPRESENT
SUCH A MEMBER CAN HOLD AND EXERCISE A PROXY FROM ANY MEMBER OF THE
ASSOCIATION.

ANY ACTION REQUIRED OR PERMITTED TO BE TAKEN AT ANY MEETING OF MEMBERS MAY,
EXCEPT AS OTHERWISE REQUIRED BY LAW OR THE CERTIFICATE OF INCORPORATION, BE
TAKEN WITHOUT A MEETING, WITHOUT PRIOR NOTICE AND WITHOUT A VOTE, IF A
CONSENT IN WRITING, SETTING FORTH THE ACTION SO TAKEN, SHALL BE SIGNED BY
THE MEMBERS HAVING NOT LESS THAN THE MINIMUM NUMBER OF VOTES THAT WOULD BE
NECESSARY TO AUTHORIZE OR TAKE SUCH ACTION AT A MEETING AT WHICH ALL
MEMBERS ENTITLED TO VOTE THEREON WERE PRESENT AND VOTED, AND THE WRITING OR
WRITINGS ARE FILED WITH THE PERMANENT RECORDS OF THE ASSOCIATION. PROMPT
NOTICE OF THE TAKING OF CORPORATE ACTION WITHOUT A MEETING BY LESS THAN
UNANIMOUS WRITTEN CONSENT SHALL BE GIVEN TO THOSE MEMBERS WHO HAVE NOT

Name of the organization **INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Employer identification number
73-0529079

CONSENTED IN WRITING.

FORM 990, PART VI, SECTION A, LINE 7B:

ACCORDING TO ARTICLE VII OF THE BYLAWS OF INGAA, THE BOARD MAY CREATE ONE
OR MORE COMMITTEES OF THE BOARD ("BOARD COMMITTEES") THAT CONSIST OF ONE OR
MORE DIRECTORS. THE CREATION OF A BOARD COMMITTEE, AND APPOINTMENT OF
DIRECTORS TO IT, MUST BE APPROVED BY A MAJORITY OF ALL THE DIRECTORS THEN
IN OFFICE. THE BOARD MAY DESIGNATE ONE OR MORE DIRECTORS AS ALTERNATE
MEMBERS OF ANY BOARD COMMITTEE, WHO MAY REPLACE ANY ABSENT OR DISQUALIFIED
MEMBER AT ANY MEETING. BOARD COMMITTEES SHALL HAVE AND MAY EXERCISE ALL THE
POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND
AFFAIRS OF THE ASSOCIATION TO THE EXTENT PROVIDED IN THE RESOLUTION OF THE
BOARD OR IN THE BYLAWS; BUT NO BOARD COMMITTEE SHALL HAVE THE POWER OR
AUTHORITY IN REFERENCE TO: (A) AMENDING THE CERTIFICATE OF INCORPORATION OR
BYLAWS, (B) ADOPTING AN AGREEMENT OF MERGER OR CONSOLIDATION, (C)
RECOMMENDING TO THE MEMBERS THE SALE, LEASE OR EXCHANGE OF ALL OR
SUBSTANTIALLY ALL OF THE ASSOCIATION'S ASSETS, (D) RECOMMENDING TO THE
MEMBERS A DISSOLUTION OF THE ASSOCIATION OR A REVOCATION OF A DISSOLUTION,
(E) ANY OTHER ACTIONS WHICH REQUIRE THE APPROVAL OF THE BOARD UNDER
APPLICABLE LAW OR THESE BYLAWS, (F) FILLING VACANCIES IN THE BOARD OR ANY
COMMITTEE, (G) ELECTING, APPOINTING OR REMOVING ANY MEMBER OF ANY COMMITTEE
OR ANY DIRECTOR OR OFFICER, OR (I) AMENDING OR REPEALING ANY RESOLUTION OF
THE BOARD. EACH BOARD COMMITTEE SHALL KEEP MINUTES OF ITS PROCEEDINGS, AND
ACTIONS TAKEN BY A BOARD COMMITTEE SHALL BE REPORTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC VERSION OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR
TO THE BOARD MEETING FOR THEIR REVIEW. APPROVAL OF THE 990 IS LISTED AS AN

Name of the organization **INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Employer identification number
73-0529079

**AGENDA ITEM FOR THE BOARD MEETING; AFTER DISCUSSION, A MOTION WAS REQUESTED
FOR PERMISSION TO FILE THE FORM 990 AS WRITTEN (OR WITH APPROVED CHANGES)
AND PASSED BY VOICE VOTE.**

FORM 990, PART V, LINE 2A, COMMON PAYMASTER

**INGAA SERVES AS THE COMMON PAYMASTER FOR ITSELF AND THE INGAA
FOUNDATION, INC. INGAA REPORTED 24 EMPLOYEES ON THE FEDERAL FORM W-3
FOR THE YEAR 2017. OF THOSE 24 EMPLOYEES, FIVE EMPLOYEES' TIME WAS
ALLOCATED BETWEEN THE ENTITIES.**

FORM 990, PART VI, SECTION B, LINE 12C:

**INGAA HAS TWO CONFLICT OF INTEREST POLICIES. ONE POLICY APPLIES TO ALL
INGAA EMPLOYEES AND THE OTHER POLICY APPLIES TO KEY INGAA EMPLOYEES AND
MEMBERS OF THE BOARD OF DIRECTORS. INGAA STAFF AND THE BOARD WERE BRIEFED
ON THE POLICIES AND WERE PROVIDED WITH EXAMPLES OF THE TYPES OF SITUATIONS
THAT COULD BE DEEMED TO BE "CONFLICTS OF INTEREST" THAT WOULD NEED TO BE
REPORTED TO EITHER THE PRESIDENT, OR OTHER MANAGEMENT. THE ASSOCIATION
MAINTAINS DOCUMENTATION MEMORIALIZING THAT ALL STAFF AND BOARD MEMBERS HAVE
EXECUTED DECLARATIONS STATING THAT THEY HAVE READ AND AGREE TO ABIDE BY THE
CONFLICT OF INTEREST POLICIES.**

FORM 990, PART VI, SECTION B, LINE 15:

**INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA RETAINS AN INDEPENDENT
CONSULTANT TO PERFORM A MARKET ANALYSIS OF INGAA'S COMPENSATION PRACTICE
FOR SENIOR EXECUTIVES RELATIVE TO COMPARABLE POSITIONS WITHIN SIMILAR
ORGANIZATIONS. THE PRESIDENT OF INGAA PROVIDES THE COMPENSATION COMMITTEE
WITH DOCUMENTATION SUPPORTING RECOMMENDED BASE SALARY ADJUSTMENTS AND**

Name of the organization **INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Employer identification number
73-0529079

RECOMMENDED INCENTIVE COMPENSATION AWARDS FOR STAFF BASED UPON THE OVERALL
PERFORMANCE OF THE ORGANIZATION MEASURED AGAINST ITS ANNUAL BOARD-APPROVED
ACTION PLAN AND THE PERFORMANCE OF INDIVIDUAL EXECUTIVES MEASURED AGAINST
THEIR ANNUAL GOALS. THE COMMITTEE ALSO EVALUATES THE PERFORMANCE OF THE
PRESIDENT BASED ON THESE CRITERIA. THE COMPENSATION COMMITTEE MAKES A FINAL
DECISION ON BASE SALARY AND INCENTIVE COMPENSATION FOR THE PRESIDENT AND
ALL SENIOR EXECUTIVES WHO REPORT DIRECTLY TO THE PRESIDENT. THE MEMBERSHIP
OF THE COMPENSATION COMMITTEE IS IDENTICAL TO THE MEMBERSHIP OF THE BOARD
STEERING COUNCIL.

FORM 990, PART VI, SECTION C, LINE 19:

INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA DOES NOT MAKE ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO
THE PUBLIC. THE ASSOCIATION DOES, UPON REQUEST, SHARE FINANCIAL STATEMENTS
WITH BANKS, INSURANCE COMPANIES AND OTHER VENDORS FOR THE PURPOSE OF
OBTAINING CREDIT.

PART VI, LINE 1A

UNDER THE INGAA BYLAWS, THE BOARD STEERING COUNCIL IS EMPOWERED TO ACT
FOR THE BOARD DURING THE INTERVAL BETWEEN BOARD MEETINGS. THE BYLAWS
STATE:

THE STEERING COUNCIL SHALL BE A BOARD COMMITTEE AND SHALL INCLUDE THE
CHAIRMAN OF THE BOARD (WHO WILL SERVE AS CHAIRMAN OF THE STEERING
COUNCIL), THE CHAIRMAN OF THE BUDGET AND DUES COMMITTEE, THE FIRST VICE
CHAIRMAN, THE SECOND VICE CHAIRMAN, AND THE IMMEDIATE PAST CHAIRMAN OF
THE BOARD.

THE STEERING COUNCIL SHALL ASSIST THE BOARD AND IS EMPOWERED TO ACT FOR

Name of the organization **INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Employer identification number
73-0529079

THE BOARD DURING INTERVALS BETWEEN MEETINGS OF THE BOARD. DURING THESE
INTERVALS, THE STEERING COUNCIL IS CHARGED WITH INFLUENCING AND
DEVELOPING POLICIES ON FEDERAL LEGISLATIVE AND REGULATORY ISSUES TO
PROMOTE THE GROWTH AND DEVELOPMENT OF THE U.S. NATURAL GAS PIPELINE
INDUSTRY.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION

COSTS 1,262,882.

FORM 990, PART XII, LINE 2C:

NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS HAS BEEN MADE DURING
THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Employer identification number
73-0529079

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE INGAA FOUNDATION - 52-1667696 20 F STREET, SUITE 450 WASHINGTON, DC 20001	STUDIES	DISTRICT OF COLUMBIA	501(C)(6)		NO		X
THE INGAA PAC - 52-1911400 20 F STREET, SUITE 450 WASHINGTON, DC 20001	POLITICAL ACTION COMMITTEE	DISTRICT OF COLUMBIA	527		NO		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

OF AMERICA

73-0529079 Page 2

Part III

[illegible]

Part IV

[illegible]

**INTERSTATE NATURAL GAS ASSN
OF AMERICA**

Schedule R (Form 990) 2017

73-0529079 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n	X	
1o	X	
1p		X
1q	X	
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2017 OF AMERICA

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2017

INTERSTATE NATURAL GAS ASSN
OF AMERICA

Schedule R (Form 990) 2017

73-0529079 Page 5



Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. INTERSTATE NATURAL GAS ASSN OF AMERICA	Employer identification number (EIN) or 73-0529079
	Number, street, and room or suite no. If a P.O. box, see instructions. 20 F STREET, NW, NO. 450	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20001	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

IRYNA BAUKUNOVICH - CONTROLLER

• The books are in the care of ► **20 F STREET NW, SUITE 450 - WASHINGTON, DC 20001**
Telephone No. ► **202-216-5954** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2017** or
► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.